

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580105

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	/					
4	/					
5		2		1		
6		2				
7		2		1		
8		2		1		
9		2		1		
10		2				
11		2				
12		2		1		
13		2				
14		2				
15		2		1		
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41		2		1		
42		2		1		
43		2		1		
44		2		1		
45		2				
46		2		1		
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0		1		
53		0		1		
54		0				
55		0				
56		0		1		
57		0		1		
58		0		1		
59		0		1		
60		0		1		
61		0		1		
62		0		1		
63		0		1		
64		0		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						